

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98752 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday, March 21st, 1887

Full Name of Deceased, Jennie M. Bowen
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 23 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore, Md.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 521 E. Eager St.
{ Give Street and Number. }

Cause of Death, Phthisis Pulmonalis
{ First (Primary), Second (Immediate), Exhaustion }

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Landon Park

Date of Burial, March 23, 1887

Undertaker, Wm. H. Lickman Wm. J. Zintou M. D.
Medical Attendant.

Place of Business, 234 N. Gay Address, Chase St. & Junet Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98757 Office of Registrar of ~~Vital~~ Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or ~~sooner~~, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22 1887

CERTIFICATE OF DEATH.

Date of Death, March 20 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Lange

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 85 Years, — Months, 10 Days

Color, —

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 113 N. Paca Str

Cause of Death, { First (Primary), Second (Immediate), } old age
asthenia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 22^d 1887

Undertaker, Fred Goede Pittman M. D.

Medical Attendant.

Place of Business, 108 S. Caroline Address, 94 S. Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 98755

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gottfried F Kaufmann

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 74 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, { Give Street and Number. } 824 N. Gay St

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 23rd 1887

Undertaker, A. Pink & Son

Place of Business, 915 N. Gay St

Medical Attendant, P. G. Dausch M. D. Address, 1727 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 98758 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie J. Anton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, — Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 1706 E. Gay St.

Cause of Death, { First (Primary), Premature birth 7th month
Second (Immediate), Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, March 22nd 1887

{ Undertaker, Henry Hock & Son }
{ Place of Business, 1023 N. Central Ave. } Address, E. J. E. Caroline

Medical Attendant, J. E. Jones M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 98754 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 21st, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Froelich

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years, Months, Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany 30 yrs in America

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, { Give Street and Number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Second (Immediate), } Paralysis Agitans
Ephemerism

Duration of Last Sickness, 17 years

All the above information should be furnished by the Physician.

Place of Burial, St. Albans Church

Date of Burial, March 23rd 1887

Undertaker, Henry Hoedke Oscar J. Cooney M. D. Medical Attendant.

Place of Business, 1023 N. Federal Address, 624 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore. 13

Permit No. 98758 Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Guy R Young

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 85 Hollins or (old name)

Cause of Death, { First (Primary), Second (Immediate), } Scarlet fever Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Mar. 22nd

Undertaker, J. J. Cowan

Place of Business, 901 Hollins St Address, 319 Hollins St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *98759*

Office of Registrar of Vital Statistics.

Ward *6th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

March 20th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Samuel R Wooden
Wooden

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, *31* Years, *2* Months, *19* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation, *Painter*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give Street and Number. }

1647 Orleans St

Cause of Death, { First (Primary), Second (Immediate), }

Cerebral tumor (CEREBRAL)

Paralysis &c.

Duration of Last Sickness,

About 3 months

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Co. Md.*

Date of Burial, *March 22nd 1887*

{ Undertaker, *John Kennedy* M. D. Medical Attendant.

{ Place of Business, *2008 Orleans St* Address, *W Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98760 Office of Registrar of Vital Statistics. Ward 5¹¹/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 21 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Uhlig

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Years, Fourteen Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } U

Occupation, U

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, U

Place of Death, { Give Street and Number. } No. 1711 E Madison Street.

Cause of Death, { First (Primary), Second (Immediate), } General Debility
Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 23.

{ Undertaker, Walter Dummel } Aug. H. Clewell, M. D.
Medical Attendant.

{ Place of Business, 395 W. Biddle } Address, 1741 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98761 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th / 87

Full Name of Deceased, Catherine Ann Lynn
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female
{ Cross out the word not required in this line. }

Age, 111 Years, _____ Months, _____ Days.

Color, Caucasian

Married, Single, Widow or Widower, Widow
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 416 S. Eutan Street
{ Give Street and Number. }

Cause of Death, Old age
{ First (Primary), Second (Immediate), }
Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, Mar 22nd / 87

Undertaker, H. R. Ruff James A. Stearns M. D.

Place of Business, _____ Address, Camp 87 R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward S. I. [OVER.]